



CITY OF Englewood

2017 July 4th Event Food Vendor Registration Form

Vendor/Company Name

Contact Name (Day of event)

Business Name (If different than above)

Street Address

Street Address Line 2

City

State

Zip Code

Phone Number (Day of event)

Email Address

Please complete the information below or attach a list with pricing, including all food items that will be offered or sold. Your menu items will be confirmed on, or before, **Friday, May 12, 2017** and no changes may be made after that date.

Menu Items

Price

Please list the equipment you will have on site:

Tent or trailer size, generators, cooking equipment, power supply needs, or any other equipment, etc.

Do you require electricity? NOTE: Power needs are the responsibility of the vendor.

Yes

No

Do you require water? NOTE: Water needs are the responsibility of the vendor.

Yes

No

City of Englewood

Alison Carney
Communications Manager
1000 Englewood Parkway
Englewood, CO 80110

Event Contact

Kristen Knoll
kristen@slatecommunications.com
970-797-2015 x106

Name (as electronic signature)

Title

Date

**Please submit this form and all associated paperwork to Kristen Knoll,
kristen@slatecommunications.com before May 12, 2017.**

Following completion and submission of the **Vendor Fee** and **Vendor Registration** forms, you will be contacted by Englewood's Finance Department to complete the event application process for tax and health department purposes.

FOR HEALTH DEPARTMENT USE ONLY

Licensed _____	Approved _____	Date _____
License needed _____	Yes _____	_____
Non-Profit _____	No _____	_____
EH Specialist Signature & Employee Number _____		

VENDOR APPLICATION FOR TEMPORARY FOOD EVENTS

All vendors must complete and submit this form to the Event Coordinator for **EACH** event in the **Tri-County area**. If there are no menu or equipment changes from one event to another, the completed original may be copied and submitted. Please attach a copy of your current Temporary Event or Mobile Unit Colorado Retail Food Establishment License, if already licensed. There is a \$50.00 late fee if all paperwork is not submitted to Tri-County Health Department two weeks before the event you are participating in and may result in disapproval to operate.

A holder of a valid Colorado Retail Food Establishment **Mobile Unit License** planning to operate outside their mobile unit is required to obtain a separate Retail Food Establishment Temporary Event license. If the licensed mobile unit is operating strictly as a mobile unit as originally approved, a vendor application and a separate license for the Temporary Event are not required.

Event Name: _____ Date(s): _____

Please complete the following information:

Temporary Retail Food Establishment Name		Legal Owner's Name
Establishment Address (Street Address & P.O. Box)		
City	State	Zip Code
Telephone Number ()	Cell Phone Number ()	
Fax Number ()	Email	
Contact Name	Contact Telephone Number	
Contact email	Which Health Department issued your license?	

*** All applicants for a Temporary Food Event Retail Food Establishment license must provide a copy of a Special Event Sales Tax license, and can be obtained from the Colorado Department of Revenue. The Sales Tax account number from an existing Retail Food Establishment associated with the Temporary Retail Food Establishment is not acceptable unless the total number of vendors at the temporary event is 2 or less.**

*** All vendors shall have the original Colorado Retail Food Establishment license on premise at the event at all times or the facility may be required to cease operations.***

Checklist of paperwork to be submitted with this application:

- | | |
|--|---|
| <input type="checkbox"/> Copy of Temporary Event Retail Food Establishment (RFE) License | <input type="checkbox"/> Copy of State Sales Tax License |
| <input type="checkbox"/> Commissary Agreement | <input type="checkbox"/> Copy of Commissary's RFE License |
| <input type="checkbox"/> Notarized Affidavit of Citizenship (if applicable) | |

Please list any additional events and dates that you plan on participating in within the Tri-County area (Adams, Arapahoe, and Douglas Counties):

Event Name	Date(s)	City & County

Read the guidelines below and complete the following questions.

GENERAL GUIDELINES

- A hand washing station with a free-flow spout, catch bucket, soap, and paper towels, and water from an approved source shall be provided. Bare hand contact is not allowed with ready-to-eat foods.
- Hand sanitizers are NOT an acceptable substitute for required hand washing set-up.
- Extra sets of clean utensils must be provided so that they may be changed out when soiled or at least every four hours. Washing utensils on site is not permitted.
- All slicing, chopping, peeling, dicing, shredding, mixing, and pre-washing must be done at the commissary with the exception of mixing of funnel cake, crepe, and donut batter.
- Preparation of raw chicken at the event is **prohibited** other than the frying of frozen chicken wings.
- All ground beef & Philly cheesesteak must be precooked at a commissary or be frozen preformed hamburger patties until cooked at the event.
- Turkey legs must be precooked.
- Pulled pork, chicken, and other shredded meats and barbequed meats must be precooked at commissary.
- All fruits and vegetables must be washed and cut at the commissary.
- Lemons and limes may be cut once on site for lemon/limeaid provided they are washed at a commissary.
- Bananas may be cut on site if used on kabobs provided that they are washed at a commissary.
- Sandwiches may be assembled onsite, but all preparation of ingredients must take place at the commissary. Examples: gyros, tacos, burritos, steak sandwiches, and traditional sandwiches.
- Sterno burners are prohibited at outside events unless windshields are installed to protect them from wind.
- Sanitizer for food contact surfaces (i.e., tables) must be provided on site (i.e., bleach and water at 50-200ppm).
- Commissaries need to be within 30 miles or 30 minutes from the event.
- Provide a barrier (e.g. a table) to separate the food area from the customer area.
- All equipment and operations must be contained under your tent.

MENU: List all menu items (food & drinks) including condiments and toppings.

Where are the food/drink products purchased? (List all the facilities.) _____

What is the name and location of your commissary? (Complete the commissary agreement and attach.)

Name of Commissary: _____

Commissary Address: _____

What is the distance that the food will be transported to the event? _____

Where will the potable water for hand washing be acquired? _____

Where will wastewater from hand washing be discarded? _____

What type of sanitizer solution will be used on food contact surfaces?

☐ Bleach (50-200ppm) ☐ Quaternary Ammonia (100-400ppm) ☐ Other: _____
Concentration: _____

What equipment will be used to maintain the temperatures during transport and during the event?

(Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Coolers with ice | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Hot holding unit for hot foods | <input type="checkbox"/> Freezer |
| <input type="checkbox"/> Served immediately after cooking | <input type="checkbox"/> Steam table |
| <input type="checkbox"/> Commercial crock-pot | <input type="checkbox"/> Held on grill until served |
| <input type="checkbox"/> Other (specify): _____ | |

	Yes	No	N/A
Will a refillable hand washing station with a hands-free stay-on spigot and appropriately sized waste container be available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will soap and paper towels be available for hand washing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the hot holding unit(s) be capable of holding food above 135°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the cold holding unit(s) be capable of holding food below 41°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will equipment capable of reheating food to 165°F be available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will a metal probe thermometer that reads 0-220°F be available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the proper sanitizer test strips available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will food-grade disposable gloves, utensils, and/or deli tissues be available for handling food? (If no, explain in comments section.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If utensils are used to handle food are enough available if they become soiled or used? (Utensils must be changed out when soiled or at least every four hours. Washing utensils on site is not permitted.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all cutting, chopping, dicing, etc of fruits, vegetables, and shredded meats be done at the commissary? (If no, explain in comments section.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have read and will follow the general guidelines in this packet. (Signature) _____

Comments:



COMMISSARY AGREEMENT

Mobile Food Facility DBA	Commissary DBA
Mobile Food Facility Owner	Commissary Owner's Name
Address	Address
City Phone	City Phone

Mr./Mrs./Ms. _____ states that he/she has your permission to use your commissary/food facility/base of operations for the purpose of storing food and supplies used for the mobile food facility, necessary preparation of food, filling unit with potable water, cleaning of the unit, and dumping of wastewater from storage tanks. This is in accordance with the laws governing mobile retail food establishments or pushcarts as stated in the **Colorado Retail Food Establishment Rules and Regulations (Section 9-107)**.

To qualify as an approved commissary, you must:

1. Provide approved, food grade hoses for potable water supply to mobile units.
2. Provide an approved area for the storage and preparation of food products and supplies, with approved, properly installed equipment.
3. Provide an approved area with an approved 3-compartment sink/dishwasher for the washing, rinsing, and sanitizing of utensils and equipment.
4. Provide an approved area with floor drains for cleaning and maintenance of the mobile food facility.
5. Provide direct access to an approved floor sink for proper wastewater disposal from holding tanks.
6. Maintain a valid Retail Food Establishment License (for commissary/food facility).
7. Post and maintain a daily log (check-in/out) sheet, the mobile food facility owner must sign daily that they are using your commissary, and you must sign daily verifying that the mobile food facility uses your commissary.
8. Maintain your commissary in satisfactory condition as determined by the Local Health Department.

Once the mobile food facility has been approved for licensing, you must also agree to notify the Tri-County Health Department if the above mentioned mobile food facility has not utilized your facility, as required, for three (3) consecutive days. You must also certify under penalty of perjury that you are the legal owner and/or operator of this food facility and will abide by the contents of this letter.

Signature

Date

Print Name

THIS AGREEMENT LETTER MUST BE UPDATED AND RESUBMITTED ANNUALLY



Est. Number: _____

Est. Name: _____

AFFIDAVIT OF CITIZENSHIP/LAWFUL PRESENCE

For a License

Required for renewal of retail food establishment licenses for all *individuals and sole proprietors only*.

I, _____, swear or affirm under penalty of perjury under the laws
(Name of individual or sole proprietor)

of the State of Colorado that (check one):

☐ I am a United States citizen, or

☐ I am a Permanent Resident of the United States, or

☐ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a license through Tri-County Health Department. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received. **I am making this statement and representation to Tri-County Health Department as it applies to this license application and all subsequent renewals of this license. I acknowledge that Tri-County Health Department will rely upon the truthfulness of this affidavit as it applies to this license application and all subsequent renewals of this license application.**

“You must include a notarized copy of a government issued photo ID with this affidavit”

If you have any questions, please call (720) 200-1670

Signature

_____/_____/_____
Date

For Tri-County Staff Use:

Identification verified by:

☐ Government issued photo ID provided in person (copy/digital photo made by TCHD staff and attached **for renewals hand-delivered to a TCHD office only**)

☐ Notarized copy/digital photo of government issued photo ID provided (**copy attached – required for all mail-in license renewals**)

TCHD Staff Signature

_____/_____/_____
Date

TCHD Staff – Printed Name

Employee Number